MISSOURI DEPARTMENT OF MENTAL HEALTH

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DEPARTMENT OPERATING REGULATION NUMBER	
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CHAPTER	SUBCHAPTER	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Program Implementation and Records	Clinical Standards and Procedures	7/1/06	5	1 of 5

SUBJECT	AUTHORITY	HISTORY
Use of Restraints and Time Out	Section 630.050. RSMo	See Below

PERSON RESPONSIBLE	SUNSET DATE
Director, MRDD	7/1/09

PURPOSE: Prescribes policy on the use of physical and chemical restraints and time out.

APPLICATION: Applies to the Division of Mental Retardation and Developmental Disabilities.

(1) As used in this DOR, unless the context clearly requires otherwise, the following terms shall mean:

(A) "Physical restraints," any physical intervention, mechanical device or mechanical restraint used to restrict the movement of a client or the movement or normal function of a portion of the individual's body, excluding only devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment. Physical restraints shall include techniques such as the baskethold and mechanical devices such as cuffs, posey belt, totally enclosed crib and barred enclosures. Physical restraint may only include techniques as taught in MANDT or CPI certification training.

(B) "Chemical restraints," behavior modifying drugs prescribed or administered for the purpose of modifying behavior including major and minor tranquilizers (neuroleptic and anxiolytic drugs) and antidepressants (imipramine-type drugs, monoamine oxidose inhibitors and psychomotor stimulants). Chemical restraints do not include drugs that may have behavior modifying effects but that are not prescribed or administered for that purpose, (e.g., anticonvulsants).

(C) "Time out," temporary exclusion or removal of a client from positive reinforcement. It is a behavior modification procedure in which, contingent upon the clients emission of undesired behavior, the client is removed from the situation that affords positive reinforcement.

(D) "Seclusion," the placement of an individual alone, in a room or other area from which egress is prevented, and not under observation as part of a systematic time-out program that meets all applicable standards. Department mental retardation facilities and regional centers shall not use seclusion.

(E) "Qualified personnel," staff members who are actively involved in, and qualified to participate in, therapeutic services including developmental assistants, psychologists, professional therapists and assistants, education assistants, activity aides, special education teachers, nursing and medical personnel and unit program supervisors. Qualified personnel do not include staff whose primary responsibilities involve business and clerical activities.

(F) "Qualified mental retardation professionals," the following staff, who have been designated by the head of the facility or center to determine the necessity for physical restraints:

1. A psychologist with at least a master's degree from an accredited program and with specialized training or one (1) year of experience in treating the mentally retarded;

2. A physician licensed under state law to practice medicine or osteopathy and with specialized training or one (1) year of experience in working with the mentally retarded;

3. An educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the mentally retarded;

4. A social worker with a bachelor's degree in social work from an accredited program, or a bachelor's degree in a field other than social work and at least three years social work experience under the supervision of a qualified social worker, and with specialized training or one (1) year of experience in working with the mentally retarded;

5. An occupational therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year experience in treatment the mentally retarded;

6. A physical therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year of experience in treating the mentally retarded;

7. A speech pathologist or audiologist capable of securing a state license or certificate and who has specialized training or one (1) year of experience in treating the mentally retarded;

8. A registered nurse who has specialized training or one (1) year of experience in treating the mentally retarded;

9. A therapeutic recreation specialist who is a graduate of an accredited program and who has specialized training or one (1) year of experience in working with the mentally retardedand,

10. Licensed professional counselors.

(2) Each department mental retardation facility and regional center shall have written policies for the use of restraints and time out procedures, which may prescribe more but not less stringent requirement for their use than those provided in this DOR. Facility policies are subject to review by central office.

(3) In an emergency where there is imminent danger or potential harm to a client or other persons, qualified personnel or a qualified mental retardation professional may use physical intervention to restrain a client. Prior to using physical intervention to restrain a client, individuals must be trained and certified by one of two nationally recognized training programs: either the Mandt or CPI System.

(A) Techniques used to physically restrain residents are limited to those approved by a facility review committee and determined not to cause undue physical discomfort, pain or injury to a client.

(B) The physical restraint technique shall be used only In a manner which minimizes the possibility of physical injury to the client and causes the least possible discomfort.

(C) Physical restraint techniques that interfere with breathing (e.g., sitting on a client) shall not be used in any department mental retardation facility or regional center.

(D) Instances in which physical intervention is used to restrain a client shall be documented on DMH Form 7810.

(E) Any improper use of a physical restraint technique or any excess application of force shall be considered abuse and is cause for disciplinary action against the guilty employee.

(4) Mechanical restraints and chemical restraints may be used to prevent a client from injuring self or others only after other available less restrictive techniques (e.g., counseling, response cost, positive reductive procedures, stimulus change) have been attempted, and a qualified mental retardation professional has determined and documented in the client's record that other less restrictive alternatives have been systematically tried and are inadequate to control the client's aggressive behavior.

(A) Restraints shall not be used for the convenience of staff, as a substitute for a program or as punishment.

(B) Restraints shall not be used in a manner that causes undue physical discomfort or pain to the client.

(5) Where the interdisciplinary team plans to use physical and/or chemical restraints, the team shall design their use in the individual habilitation plan to lead to a less restrictive way of managing and ultimately to eliminating the behavior necessitating the restraint.

(A) The habilitation plan shall include the following information:

1. behavior to be eliminated;
2. less restrictive methods used;
3. current method to be used;
4. schedule for use of the method;
5. person responsible for the program;
6. data to be collected to assess progress toward the objectives.

(B) The facility or center behavioral support committee, client rights review committee and the client's parent or guardian as appropriate shall review and approve the plan before implementation.

(6) Clients may be mechanically restrained only after a written order has been made by a qualified mental retardation professional.

(A) Written orders for any restraints shall be time limited and for no longer than twelve (12) hours.

(B) Written orders shall be placed in the client's record and shall contain at least the following information:

1. brief description of the behavior necessitating restraint;
2. type of restraint used;
3. the time when the order was written;
4. the time when the restraint was first used;
5. criteria for the discontinuation of the restraint;

6. discontinuation time for the use of restraints, which shall be within twelve (12) hours of the time of initial use of the restraint.

(C) A client may be restrained for longer than twelve (12) consecutive hours only after a qualified mental retardation professional has again observed the client, assessed the necessity for continued restraint and written a new order. All of the conditions set out in this section also apply to new restraint orders documented as set out in section (7)(B).

(D) Standing, or PRN orders for restraints shall not be used.

(7) In an emergency in which an on-site physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to a client and only after receiving an oral order from an authorized physician.

(A) The documentation of such orders shall include the following:

1. name of physician who gave the order;
2. name of nurse who received the order;
3. name of nurse who actually carried it out.

(B) The person administering the chemical restraints shall document the information required in (A) and the physician's oral order in the client's record or equivalent record including the information required for orders under section (7)(B).

(C) The oral order shall be signed by a physician as soon as possible after the initial administration of the restraints.

(8) In an emergency, as defined in section (4), qualified personnel may initiate mechanical restraint procedures provided a qualified mental retardation professional is immediately notified. The qualified mental retardation professional shall observe the client and evaluate the situation within thirty (30) minutes from the time restraints were initiated.

(9) While a client is in mechanical restraints, the following procedures shall be used:

(A) Qualified personnel shall observe the client at least every fifteen (15) minutes, chart the client's physical and behavioral condition at each observation and take necessary action to ensure that appropriate care and treatment of the client is maintained and documented in the client's file including bathing, regular meals, use of the toilet, exercise and fluid intake.

(B) An opportunity for motion and exercise shall be provided for a period of not less than ten (10) minutes during each two (2) hours in which the restraint is employed.

(C) Qualified personnel shall post the names of clients in mechanical restraints in a central area so it is visible and accessible to all personnel.

(10) The written policies of the facility or regional center governing the use of time-out procedures shall provide for at least all of the following:

(A) Qualified personnel may place a client in time out only under conditions set out in a written behavior modification program. The program shall be reviewed and approved by the following committees and persons:

1. facility or regional center's behavioral support committee;
2. facility or regional center's client rights review committee;

3. client or the client's family, or legal guardian as appropriate.

(B) Time out shall be used only during the conditioning program and only under the direct observation of the staff responsible for conducting the program.

(C) Time out shall not be for more than one (1) hour, except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by a member of the client's interdisciplinary team.

(D) The date, time and duration of each time-out period shall be documented in the client's file.

(E) Key locks shall not be used to confine clients to rooms for time out.

(11) Qualified personnel shall report immediately each incident of restraint on the automated Injury and Incident Report, DMH Form 7810, and give copies of the completed forms daily to the head of the facility.

(12) The client's individual habilitation team shall review each incident of restraint to assess the appropriateness of the use of restraints. In its review the team shall also consider the current appropriateness of the client's individual habilitation plan.

(13) Each facility and regional center shall have a behavioral support committee with representation from administration, medical service, nursing service, client or client rights review committee or board and other persons as may be designated by the head of the facility or regional center. The behavioral support committee shall:

(A) review the utilization of restraints on a monthly basis;

(B) review annually the facility policies on restraints and time-out procedures to determine their effectiveness and recommend any changes to the head of the facility or regional center;

(C) identify and approve physical restraint procedures for use in the facility or regional center.

(14) The facility or regional center shall provide in-service training on the proper use of the approved physical restraint techniques.

(15) The head of the facility or regional center shall give the division director copies and any changes in facility policies on restraints and time-out procedures on an annual basis or as otherwise required by the division director for approval.

History: Original Rule effective December 1, 1982. rescinding OR133. Amendment effective July 1, 1998. Amendment effective July 1, 2002. On July 1, 2003 the sunset date was extended to July 1, 2004. On July 1, 2004 the sunset date was extended to July 1, 2005. On July 1, 2005 the sunset date was extended to July 1 2006. On July 1, 2006 the sunset date was extended to July 1, 2009.